New Jersey Department of Health and Senior Services
Public Health Laboratories

REQUEST FOR RABIES EXAMINATION

FOR LAB USE ONLY	LHD Approval/Stamp
Lab Number	
Date Received	

SECTION I - INFORMATION ON ANIMAL SUBMITTED

1. Type (e.g., dog, cat, raccoon, etc.)   2. Breed (if appl.)   3. Date of Death

4. Was Animal:
   ☐ Pet   ☐ Stray   ☐ Wild

5. Cause of Death (i.e., put to sleep, found dead, killed by auto, etc.)

6. Animal Behavior Before Death (Check all that apply)
   ☐ Apparently Normal   ☐ Lethargic or In Coma   ☐ Wobbly Gait   ☐ Not Afraid of Humans or Domestic Animals
   ☐ Appeared Sick   ☐ Drooling Saliva   ☐ Paralysis   ☐ Other (Explain) _____
   ☐ Aggressive   ☐ Overly Friendly   ☐ Wild Animal Out in Daylight   ☐ Unknown

7. Owner of Animal/Residence of Specimen Origin:
   Name: _____   Tel. No.: ( )   Munic.: _____
   Mailing Address: _____

8. Delivered By:
   Name: _____   Tel. No.: ( )
   Mailing Address: _____

9. Health Officer:
   Name: _____   Fax No.: ( )
   Mailing Address: _____

10. Attending Veterinarian (If applicable):
    Name: _____   Tel. No.: ( )
    Mailing Address: _____

11. Animal Control Officer (If applicable):
    Name: _____   Tel. No.: ( )
    Mailing Address: _____

SECTION II - HUMAN EXPOSURE INFORMATION

12. Were any people bitten or exposed to this animal?
    ☐ Yes-Bitten   ☐ Yes-Exposed   ☐ Yes-Other (Explain): _____   ☐ No   ☐ Unknown

13. County/Municipality Where Exposure Occurred   14. Date of Exposure

15. Persons Bitten By or Exposed To Animal
    Name: _____   Tel. No.: ( )   Munic.: _____
    Mailing Address: _____

16. How Did The Exposure To This Animal Occur?

17. Has emergency rabies treatment of the exposed person been started?
    ☐ Yes   ☐ No   ☐ Unknown

18. Attending Physician:
    Name: _____   Tel. No.: ( )
    Mailing Address: _____

SECTION III - ANIMAL EXPOSURE INFORMATION

19. Were any other animals bitten or exposed to this animal?
    ☐ Yes-Bitten   ☐ Yes-Exposed   ☐ Yes-Other (Explain): _____   ☐ No   ☐ Unknown

20. Type of Animal Exposed

21. Has Exposed Animal Been Vaccinated for Rabies?
    ☐ Yes   ☐ No

22. How Did The Exposure Occur?

23. Owner of Animal Exposed:
    Name: _____   Tel. No.: ( )   Munic.: _____
    Mailing Address: _____

RESULTS - LABORATORY USE ONLY

1 ☐ No microscopic evidence of rabies by fluorescent antibody examination.

2 ☐ Fluorescent antibody staining of rabies virus present. This animal was rabid.
   Anti-rabies treatment should be given to any person bitten or infected by this animal.

Date Reported:

3 ☐ Specimen unsatisfactory: ☐ Decomposed   ☐ Damaged   ☐ Destroyed   ☐ No other tests can be made.

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